

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030386

Entity Name: BERT GOTTFRIED, INC.

FILED  
Feb 22, 2011  
Secretary of State

**Current Principal Place of Business:**

1140 ASHLYN DR.  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

1140 ASHLYN DR.  
WEST MELBOURNE, FL 32904

**New Mailing Address:**

FEI Number: 56-2334467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOTTFRIED, SUSAN S  
1140 ASHLYN DR.  
WEST MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GOTTFRIED, SUSAN S  
Address: 1140 ASHLYN DR.  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: V  
Name: GOTTFRIED, BERTRAM D  
Address: 1140 ASHLYN DR.  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: S  
Name: GOTTFRIED, SUSAN S  
Address: 1140 ASHLYN DR.  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: T  
Name: GOTTFRIED, BERTRAM D  
Address: 1140 ASHLYN DR.  
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN S GOTTFRIED

PRES

02/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date